



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

C101454

OFFICE USE ONLY

2990

STATEMENT DATE 7-2-2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Dillingham for KC					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1505 NW 47th Terrace CITY / STATE / ZIP: Kansas City, MO 64116				5. TELEPHONE NUMBER 816-405-6970	
6. TREASURER'S NAME Carl J. DiCapo					
7. TREASURER'S MAILING ADDRESS ADDRESS: 2525 Carl J. DiCapo Drive CITY / STATE / ZIP: Kansas City, MO 64108				8. TELEPHONE NUMBER HOME: WORK: 816-784-1940	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER John Dillingham					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1600 Genessee Street, Suite 924 CITY / STATE / ZIP: Kansas City, MO 64102				11. TELEPHONE NUMBER HOME: WORK: 816-842-5504	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					

<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Allen Dillingham		B. ADDRESS 1505 NW 47th Terrace, KCMO 64116		C. TELEPHONE NO. 816-405-6970	
D. POLITICAL PARTY N/A					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME		B. ADDRESS			
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Allen Dillingham		B. ELECTION DATE 3-22-2011		C. OFFICE SOUGHT Kansas City, Missouri City Council	
D. POLITICAL SUBDIVISION 2nd District, At-Large		CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>			
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION	
E. SUPPORT <input type="checkbox"/>		F. OPPOSE <input type="checkbox"/>			
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		